

EMERGENCY PROFESSIONAL MEDICAL SERVICE AUTHORIZATION

I, _____, (parent or legal guardian) give authorization for the staff of Pooh Corner Center to seek emergency professional medical attention for _____ (child's name) in case of accident/injury while my child is in the care of Pooh Corner Center. This authorization is to be used only in those cases where emergency medical attention should not be delayed and the center has either not been able to contact me or I am unable to be present to give personal authorization.

Child's Birthdate _____

Mother's Name _____

Work Number _____

Father's Name _____

Work Number _____

Mother's Cell Number _____

Father's Cell Number _____

Home Phone Number _____

Child's Physician's Name _____

Child's Physician's Number _____

Any Known Allergies _____

Date _____

Parent's (or Legal Guardian's) Signature

Signed before me this _____ day of _____, 20__ in Hanover, Virginia

Notary Public

My Commission Expires: September 30, 2012 Notary Registration Number: